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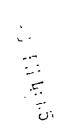
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ANTONIA M. PA	TRON, P.A.	
DOCUMENT NUME	BER:	··	<u> </u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ANTONIA M. PATRON		
	<u> </u>	Name of Contact Perso	n
	ANTONIA M. PATRON, P.	۸.	
		Firm/ Company	
	9215 FLYNN CIRCLE # 1	Tittle Company	
		Address	
	BOCA RATON, FL 33496		
	<u> </u>	City/ State and Zip Cod	le
KEVI	N@KASSEBAUMCPA.CON	√i	
	•	sed for future annual report	notification)
For further information	n concerning this matter, pleas	, 305	987-5348
	of Contact Person	at ()ode & Daytime Telephone Number
	r the following amount made		, ,
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 I	Address dment Section on of Corporations in Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

ANTONIA M. PATRON, P.A.

(Name of Corporation	n as currently f	iled with the Flori	da Dept. of State	<u>e</u>)
P19000064448				
(Docume	ent Number of C	orporation (if know	vn)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Fl	orida Profit Corpoi	ration adopts the	following amendment(s) to
A. If amending name, enter the new name of the cor	poration:			
PATRON REAL ESTATE SOLUTIONS, CORP.				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	"Inc," or "Co	". A professional		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDE	RESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9			70%
				
D. If amending the registered agent and/or registere	d office addres	s in Florida, enter	the name of the	Ę.
new registered agent and/or the new registered o	ffice address:			75
Name of New Registered Agent				
	(Florida street	adduara)		
	[1107144 317EE	auar essy		
New Registered Office Address:		ity)	, Florida_	(Zip Code)
	,υ	4,7		(zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I		h and accept the ob	oligations of the p	osition.
Signai	ture of New Reg	istered Agent, if ch	anging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding a (Attach additional sheets,	if necessary). (Be spe	ecific)	•		
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If an amendment provide	des for un avchange re	elaccification or	rancellation of iss	med shares	
provisions for impleme	enting the amendment	if not contained in	the amendment	itself:	
(if not applicable, i	ndicate N/A)				
				_	
··· <u></u>					

			<u> </u>		
	<u> </u>			·	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
A	UGUST 26, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	1
	approved by the shareholders through voting groups. The following statemer for each voting group entitled to vote separately on the amendment(s):	11
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
n i	/27/19	
Signature	127/19 Delac=	
(By a selec	director, president or other officer - if directors or officers have not been eted, by an incorporator - if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	ANTONIA M. PATRON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	